

E-Rate Funding Services

CRN 16070846

973.714.3724 (O) | 866.735.8070 (F)

dave@efsone.com

October 19, 2015

SLD Forms

Attn: SLD BEAR FCC Form 472

3833 Greenway Dr.

Lawrence, KS 66046

Re: FY2014 BEAR(s)

Certified Mail: #7015 1730 0001 5687 9958

Dear Sir or Madam:

Attached is FY2014 BEAR form for MCC Telephone (SPIN 143029836) for the Hampton School District 29 BEN 135958.

Please feel free to contact me if you have any questions.

Respectfully,

For the applicant,



David Gornstein, PHF
Consultant

Att: LOA

FCC Form 472
DO NOT STAPLE THIS FORM

Do not write in this space

Universal Service for Schools and Libraries

Please read instructions before completing.

(To be completed by schools, libraries, or consortia.)

BILLED ENTITY APPLICANT REIMBURSEMENT FORM

For reimbursement of discounts on approved services already paid for by the Billed Entity Applicant.

Only one Service Provider Identification Number (SPIN) per form.

Must be completed and signed by the Billed Entity Applicant and signed by the relevant service provider.

Persons willfully making false statements on this form can be punished by fine or forfeiture, under the Communications Act, 47 U.S.C. Secs. 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. Sec. 1001.

FCC NOTICE FOR INDIVIDUALS REQUIRED BY THE PRIVACY ACT AND THE PAPERWORK REDUCTION ACT

Part 54 of the Commission's Rules authorizes the FCC to collect the information on this form. Failure to provide all requested information will delay the processing of the application or result in the application being returned without action. Information requested by this form will be available for public inspection. Your response is required to obtain the requested authorization.

The public reporting for this collection of information is estimated to range from 1 to 2 hours per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the required data, and completing and reviewing the collection of information. If you have any comments on this burden estimate, or how we can improve the collection and reduce the burden it causes you, please write to the Federal Communications Commission, AMD-PER, Paperwork Reduction Act Project (3060-0856), Washington, DC 20554. We will also accept your comments regarding the Paperwork Reduction Act aspects of this collection via the Internet if you send them to PRA@fcc.gov. PLEASE DO NOT SEND YOUR RESPONSE TO THIS FORM TO THIS ADDRESS.

Remember – You are not required to respond to a collection of information sponsored by the Federal government, and the government may not conduct or sponsor this collection, unless it displays a currently valid OMB control number or if we fail to provide you with this notice. This collection has been assigned an OMB control number of 3060-0856.

THE FOREGOING NOTICE IS REQUIRED BY THE PRIVACY ACT OF 1974, PUBLIC LAW 93-579, DECEMBER 31, 1974, 5 U.S.C. 552a(e)(3) AND THE PAPERWORK REDUCTION ACT OF 1995, PUBLIC LAW 104-13, OCTOBER 1, 1995, 44 U.S.C. SECTION 3507.

Applicant Form Identifier (Create an identifier for your own reference)

2014.14302936MCC

FCC Form 472 Invoice #

(To be inserted by administrator)

BLOCK 1: HEADER INFORMATION

1. Billed Entity Name	Hampton School District 29	+
2. Billed Entity Number	135958	
3. Service Provider Identification Number (SPIN)	143029836	
4. Contact Name	David Gornstein	
5. Contact Telephone Number	973-714-3724	
6. Total Reimbursement Amount (total from Block 2, Column 14)	\$1,250.00	

Billed Entity Applicant Reimbursement Form

For reimbursement of discounts on approved services already paid for by the Billed Entity Applicant.

Billed Entity Name Hampton School District 29 **Billed Entity Number** 135958
Contact Name David Gornstein **Contact Telephone Number** 973-714-3724

Applicant Form Identifier 2014.14302936MCC

BLOCK 2: LINE ITEM INFORMATION PER FUNDING REQUEST NUMBER

	(7) FCC Form 471 Application Number (from Funding Commitment Decision Letter)	(8) Funding Request Number (FRN) (from Funding Commitment Decision Letter)	(9) Bill Frequency	(10) Customer Billed Date (mm/yyyy)	(11) Shipping Date to Customer or Last Day of Work Performed (mm/dd/yyyy)	(12) Total (Undiscounted) Amount for Service	(13) Discount Rate	(14) Amount Billed to USAC (Column 12 multiplied by Column 13)
			DO NOT WRITE IN THIS COLUMN.	For each FRN, complete either Column (10) or Column (11), but not both Columns				
1	949570	2588021		07/2014		\$2,500.00	0.50	\$1,250.00
2								\$0.00
3								\$0.00
4								\$0.00
5								\$0.00
6								\$0.00
7								\$0.00
8								\$0.00
9								\$0.00
10								\$0.00
11								\$0.00
12								\$0.00
13								\$0.00
14								\$0.00
TOTAL REIMBURSEMENT AMOUNT TO BE ENTERED INTO ITEM (6)							\$1,250.00	

BILLED ENTITY APPLICANT Reimbursement Form

Billed Entity Name Hampton School District 29

Billed Entity Number 135958

Contact Name David Gornstein

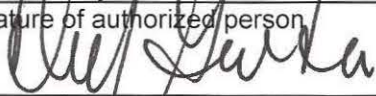
Applicant Form Identifier 2014.14302936MCC

Block 3: Billed Entity Certification

I declare under penalty of perjury that the foregoing is true and correct and that I am authorized to submit this Billed Entity Applicant Reimbursement Form on behalf of the eligible schools, libraries, or consortia of those entities represented on this Form, and I certify to the best of my knowledge, information and belief, as follows:

- A. The discount amounts listed in Column (14) of this Billed Entity Applicant Reimbursement Form represent charges for eligible services delivered to and used by eligible schools, libraries, or consortia of those entities for educational purposes, on or after the service start date reported on the associated FCC Form 486.
- B. The discount amounts listed in Column (14) of this Billed Entity Applicant Reimbursement Form were already billed by the service provider and paid by the Billed Entity Applicant on behalf of eligible schools, libraries, and consortia of those entities.
- C. The discount amounts listed in Column (14) of this Billed Entity Applicant Reimbursement Form are for eligible services approved by the fund administrator pursuant to a Funding Commitment Decision Letter.
- D. I recognize that I may be audited pursuant to this application and will retain for at least five years (or whatever retention period is required by the rules in effect at the time of this certification), after the last day of service delivered in this funding year any and all records that I rely upon to fill in this form.
- E. I certify that, in addition to the foregoing, this Billed Entity Applicant is in compliance with the rules and orders governing the schools and libraries universal service support program, and I acknowledge that failure to be in compliance and remain in compliance with those rules and orders may result in the denial of discount funding and/or cancellation of funding commitments. I acknowledge that failure to comply with the rules and orders governing the schools and libraries universal service support program could result in civil or criminal prosecution by law enforcement authorities.

15. Signature of authorized person



16. Date

10/05/2015

17. Printed name of authorized person

David Gornstein

18. Title or position of authorized person

Consultant

19. Telephone number of authorized person

973-714-3724

20. Address of authorized person

718 Saint Nicholas Drive
OFallon, IL 62269

BILLED ENTITY APPLICANT Reimbursement Form

Billed Entity Name Hampton School District 29

Billed Entity Number 135958

Contact Name David Gornstein

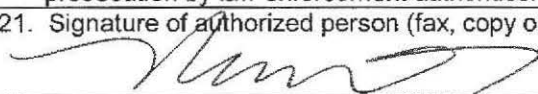
Applicant Form Identifier 2014.14302936MCC

Block 4: Service Provider Acknowledgment

I declare under penalty of perjury that the foregoing is true and correct and that I am authorized to submit this Service Provider Acknowledgment for this Billed Entity Applicant Reimbursement Form, and acknowledge to the best of my knowledge, information and belief, as follows:

- A. The service provider must remit the discount amount authorized by the fund administrator to the Billed Entity Applicant who prepared and submitted this Billed Entity Applicant Reimbursement Form as soon as possible after the fund administrator's notification to the service provider of the amount of the approved discounts on this Billed Entity Applicant Reimbursement Form, but in no event later than 20 business days after receipt of the reimbursement payment from the fund administrator, subject to the restriction set forth in B. below.
- B. The service provider must remit payment of the approved discount amount to the Billed Entity Applicant prior to tendering or making use of the payment issued by the Universal Service Administrative Company to the service provider of the approved discounts for the Billed Entity Applicant Reimbursement Form.
- C. I certify that, in addition to the foregoing, this Service Provider is in compliance with the rules and orders governing the schools and libraries universal service support program, and I acknowledge that failure to be in compliance and remain in compliance with those rules and orders may result in the denial of discount funding and/or cancellation of funding commitments. I acknowledge that failure to comply with the rules and orders governing the schools and libraries universal service support program could result in civil or criminal prosecution by law enforcement authorities.

21. Signature of authorized person (fax, copy or original signature)



22. Date

10/13/2015

23. Printed name of authorized person

Nancy Tom

24. Title or position of authorized person

Sr. Administrator

25. Telephone number of authorized person

845-443-2627

26. Address of authorized person

1 Mediacom Way
Mediacom Park, NY 10918

27. Applicant Remittance Information

Name Tom Berg

Title Superintendent

Street Address 206 5th St., Hampton, IL 61256-9662

**LETTER OF AGENCY FOR E-RATE FUNDING
FUNDING YEARS 2015-2017**

HAMPTON SCHOOL DISTRICT 29, BEN 135958

206 5th Street
Hampton, IL 61256-9662

Hampton School District 29, BEN 135958, has retained E-Rate Funding Services, LLC (CRN 16082747), under contract as an Independent Consultant to serve as its' agent in all matters related to E-Rate Funding Years 2016-2018. This letter authorizes the Consultant and its authorized representatives to engage in all necessary and appropriate E-Rate application activities for the funding year(s) described herein, as well as follow-up actions as necessary related to ALL prior funding years.

I understand that, in submitting any E-Rate Program forms on our behalf, E-Rate Funding Services is making certifications for our school/district/library/consortium. By signing this Letter of Agency, I make the following certifications:

- a. I certify that the school(s) in our district are all schools under the statutory definitions of elementary and secondary schools found in the No Child Left Behind Act of 2001, 20 U.S.C. §§ 7801(18) and (38), that do not operate as for-profit businesses and do not have endowments exceeding \$50 million. I certify that the services that our school/district/library purchases under E-Rate, will be used solely for educational purposes and will not be sold, resold, or transferred in consideration for money or any other thing of value.
- b. I certify that the school/district/library has secured access to all of the resources necessary to make effective use of the services purchased as well as to pay the discounted charges for eligible services. I acknowledge that the discount level used for shared services is conditional, for future years, upon ensuring that the most disadvantaged schools and libraries that are treated as sharing in the service, receive an appropriate share of benefits from those services.
- c. I certify that our school/district/library is compliant, or will be compliant at the time funded services are provided, with the Children's Internet Protection Act.
- d. I certify that our school/district has complied with all E-Rate program rules and I acknowledge that failure to do so may result in denial of discount funding and/or cancellation of funding commitments. I acknowledge that failure to comply with program rules could result in civil or criminal prosecution by the appropriate law enforcement authorities. I certify that I am authorized to procure eligible services. I certify that I am authorized to submit this request on behalf of the eligible entity listed on this form.
- e. I certify that we will retain all E-Rate related documents for at least Ten years after the last day of service delivered; we will retain all documents necessary to demonstrate compliance with the statute and Commission rules, and I acknowledge that we may be audited pursuant to participation in the schools and libraries program.
- f. I certify that the non-discount portion of the costs for eligible services will not be paid by the service provider. The pre-discount costs of eligible services are net of any rebates or discounts offered by the service provider. I acknowledge that the provision, by the provider of a supported service, of free services or products unrelated to the supported service or product constitutes a rebate of some or all of the cost of the supported services.
- g. I certify that our Form 470 (RFP) is posted and made available for at least 28 days before considering all bids received. I certify that all bids submitted will be considered and the bid selected will be for the most cost-effective product/service offering, with price being the primary factor. I certify that I have reviewed all applicable FCC, state, and local procurement/competitive bidding requirements and that I have complied with them.

I certify that I am authorized to sign this letter of agency and, to the best of my knowledge, information, and belief, all information provided to E-Rate Funding Services for E-rate submission is true. That entities receiving discounted services under this Letter pursuant to this application have complied with the terms, conditions and purposes of the program, that no kickbacks were paid to anyone and that false statements on this form can be punished by fine or forfeiture under the Communications Act, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001 and civil violations of the False Claims Act.

Print Name of Authorized Signatory:

Thomas Berg

Title:

Superintendent

Signature:

X [Signature]

Date:

August 10th, 2015

Name of School/District/Library:

Hampton School District 29

Address:

206 5th Street, Hampton, IL 61256-9662

BEN:

135958